# PROFICIENCY TESTING FOR GYNECOLOGIC CYTOLOGY

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#### **CLIA '88**

- Mandates periodic proficiency testing (PT) of individuals examining a gynecologic cytology specimens
- Not implemented nationally for past 16 years due to lack of an acceptable proposal
- CMS recently announced approval of PT administered by the Midwest Institute of Medical Education (MIME)

- Issues with PT as written in the regulations
  - Lack of field validation of slides in the initial round of testing
  - Scoring system inconsistent with 2001 practice guidelines issued by the American Society of Colposcopy and Cervical Pathology (ASCCP)
  - Currently available technologies such as computer assisted prescreening are not considered

#### Field validation

Perspective -

- Cytologic screening is associated with a 70% decrease in the rate of cervical cancer
- However, significant interobserver
  variability (lack of precision) in gynecologic
  cytology interpretations is well established

Renshaw et al. 2003 - CAP Interlaboratory comparison program

Determined rates of exact match with reference interpretation for slides examined between 5 and 24 times

- Three expert cytopathologists at CAP had agreed that the cases were good examples and SILs were confirmed histologically
- 25745 responses on validated slides; 14353 on non validated slides

- 29.7% of field validated and 28.6% of nonvalidated HSIL slides had a 100% exact match rate
- 11.8% of field validated and 18.3% of nonvalidated HSIL slides had <50% exact match rate</li>
- HSIL was one the least reproducible/most difficult interpretations

Renshaw AA, Davey DD, Birdsong GG et al. Precision in gynecologic cytologic interpretation: a study from the College of American Pathologists Interlaboratory Comparison Program in Cervicovaginal Cytology. *Arch Pathol Lab Med*. 2003;127:1413-20.

- Renshaw et al. 2005 CAP Interlaboratory comparison program
  - Determined rate of the field validation of slides selected as excellent examples of their diagnostic categories by three expert cytopathologists
- Overall, 19% of conventional smears and 15% of ThinPrep smears failed field validation
- >50% of unsatisfactory specimens failed to validate

Renshaw AA, et al Measuring the significance of field validation in the College of American Pathologists Interlaboratory Comparison Program in Cervicovaginal cytology: How good are the experts. *Arch Pathol Lab Med*. In press

- Coleman, et al, 1997 UK
  Reviewed results of bi-annual PT. (7 cycles)
  247 cytologists took the exam at least once
- Of 63 cytologists taking the exam 7 times, 7 failed one round despite scoring highly on the remaining rounds (6 had perfect scores in at least 5 rounds)
- 3 poor performers were identified

Gifford C, Green J, Coleman DV. Evaluation of proficiency testing as a method of assessing competence to screen cervical smears. *Cytopathology*. 1997;8:96-102.

Nagy GK, Collins DN. False-positive and false-negative proficiency test results in cytology. *Acta Cytol*. 1991;35:3-7.

- Use of unvalidated slides
  - Decreases the certainty with which individuals needing remediation can be identified
  - Increases the risk of falsely labeling competent individuals as needing remediation
  - Poor performers will be more accurately identified if the slides are field validated.

#### Proficiency testing: Gynecologic cytology Scoring system for Technical Supervisors

Examinee's response:	Α	В	С	D	
Correct response category:					
A	10	0	0	0	
B	5	10	0	0	
C	5	0	10	5	
D	0	-5	5	10	

- ~20% of LSILs are associated with high grade histologic lesions (ALTS, CAP)
- ASCCP Guidelines 2001
  - Colposcopy is the next step in patient management for both LSIL and HSIL interpretations

CONSENSUS GUIDELINES: Guidelines on Management of Women with Cytological Abnormalities.

http://www.asccp.org/consensus/cytological.shtml

- New technologies: Not provided for in current schema
  - Computer assisted identification of fields which may contain abnormalities

Parker EM, Foti JA, Wilbur DC. FocalPoint slide classification algorithms show robust performance in classification of high-grade lesions on SurePath liquid-based cervical cytology slides. *Diagn Cytopathol*. 2004;30:107-10.

Biscotti CV, Dawson AE, Dziura B, Galup L, Darragh T, Rahemtulla A, Wills-Frank L. Assisted primary screening with the ThinPrep imaging system. *Am J Clin Path.* 2005;123:2

- Slides should be field validated
- Scoring system should correspond to contemporary practice guidelines
- Impact of new technologies should be taken into consideration
- Appropriate frequency of examination needs to be determined